

Please complete the following confidential questionnaire so that I can better help you to receive the best possible treatment.

Name: _____ Today's Date: _____

Gender: M / F Age: _____ Birth Date: _____ Marital Status: _____

SSN: _____ Race/Ethnicity: _____

Address, City, State, Zip: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Email address: _____

May we leave messages for you? (circle all that apply): HOME / WORK / CELL

Others living in home (name, age, relationship to client): _____

Highest Degree Earned in School: _____ Student? Where and major? _____

Occupation & Employer: _____

Have you ever served in the military? ____ No ____ Yes If yes, please answer the following:

Dates of Service: _____ Type of Discharge: _____

Combat Experience: _____ Highest Rank: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Address: _____

What prompted you to seek therapy at this time? _____

How long have you been having these difficulties? _____

Have you ever seen a psychologist, counselor/therapist, or psychiatrist before? ____ Yes ____ No

If yes, please complete the following:

When	With Whom	Reason	Was it helpful? / What did you like or not like?

Have you ever been hospitalized for psychological/psychiatric reasons before? ____ Yes ____ No

If yes, please explain: _____

Please list any prescription or over-the-counter medications you are currently taking:

Medication	Dosage	Condition/Problem	Date started

Name and number of primary care physician: _____

Name and number of psychiatrist (if applicable): _____

Please indicate your caffeine, alcohol, tobacco, and drug use:

Substance	Amount	Frequency

Please check all legal actions or proceedings you have been a part of:

____ Arrests/assault	____ Restraining/protective order(s)	____ DUI (how many? ____)
____ Disability claim(s)	____ Child Protective Services	____ Divorce/custody
____ Other (please describe): _____		

Please describe your physical health including any medical problems: _____

Please describe any positive health behaviors (i.e., exercise, meditation, etc.) or personal strengths: _____

Please include anything else you feel would be helpful for us to know: _____

Referred by / How did you hear about our services? _____

May we write them a letter thanking them for the referral? (if yes, please initial here): _____

Signature

Date